Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Ellective October 1, 2001								RPS 92 002 1045					
		CLAIMS AS	S FILED - (Column				SMALL ENTITY TYPE		OR	OTHER THAN			
TOTAL CLAIMS			18				Γ	RATE	FEE	] [	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			/3 minus 20=		* _			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			∠/ mi	nus 3 =	*			X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT	·				+140=		OR	+280=		
* If	the difference	in column 1 is	less than ze	zero, enter "0" in column 2			<u> </u>	TOTAL		OR	TOTAL	824	
CLAIMS AS AMENDED - PART II								'			OTHER	THAN	
		(Column 1)	(Column :			(Column 3) SMALL			ENTITY	OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus ***		T O' 4114	-		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT							+140=	·	OR	+280=		
	TOTAL										TOTAL	<u>-</u>	
								DIT. FEE	<u> </u>	OR	ADDIT. FEE		
_	(Column 1) (Column CLAIMS HIGHES					) (Column 3)		<u> </u>					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CL AINA	=		X42=		OR	X84=		
<u> </u>	FINST PRESE	NTATION OF M	OLITPLE DEF	ENDEN	CLATIVI			+140=		OR	+280=		
	TOTAL ADDIT. FEE									OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	-	OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
Ĺ	FIRST PRESE		-				222						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL  ADDIT. FEE													
		nber Previously Pa					r found	in the app	ropriate box	in col	umn 1.		